



**Electronic Funds Transfer (EFT) Charitable Contribution Program
DONOR AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DRAFTS**

Thank you! By choosing to participate in our EFT Charitable Contributions Program, you are on your way to establishing an easier way of making your gift to Girl Scouts – North Carolina Coastal Pines. Simply complete this form and attach a voided check (required) to begin your monthly contributions. Your account will be drafted on or about the 15TH business day of the month. You should anticipate the first draft 30 to 45 days after we have received your authorization. A record of each draft will appear on your regular bank statements.

AUTHORIZATION AGREEMENT

I (we) hereby authorize Girl Scouts - North Carolina Coastal Pines to initiate debit entries to my (our) bank account indicated below and the financial institution named below, to debit the same to such account. I (we) understand that the withdrawal from my (our) account will be on or about the 15th business day of the month.

This authority is to remain in full force and effect until Girl Scouts - North Carolina Coastal Pines has received written notification from me (or other authorized signer) of its termination in such time and in such manner to afford Girl Scouts - North Carolina Coastal Pines a reasonable opportunity to act on it.

Financial Institution _____ Branch Address _____
City/State/Zip _____
Check One: Checking Savings
Routing/ABA # _____ (9 digits, located in lower left corner of check) Acct. # _____
Amount to Debit per Month (\$10 minimum) \$ _____
Please make transfers beginning (month/year): _____/_____

Please direct my EFT Charitable Contribution as follows (please check one):

- Unrestricted Gift:** Please use my gift wherever the need is greatest.
- Every Girl, Everywhere:** Financial Assistance
- Today's Girls, Tomorrow's Leaders:** Girl Scout Programming
- Adult Learning, Leadership and Support:** Volunteer Services
- Girl Scouts Forever Green:** Camp Program and Facilities

I will apply for a matching gift from my employer. My gift will be matched by: _____

Name and Signature* _____ Date _____

Name and Signature* _____ Date _____

*Two signatures are required if the account requires two signatures on checks or withdrawals.

Date _____ Tel. #(s) _____ Email _____

Address _____ City/State/Zip _____

When completed, attach a voided check to this form (required; deposit slips cannot be accepted), and mail or Fax (private line in Accounting Department) to:

Girl Scouts - NC Coastal Pines, Accounting Department, 6901 Pinecrest Road, Raleigh, NC 27613, FAX: (919) 881-8359.

To make changes to your gift, or for other questions about giving by EFT or other charitable contributions, please call the Fund Development Office at (919) 782-3021 or 1-800-284-4475.

***Please remember to keep a copy of this completed form for your records.
Thank you! Your gift makes a world of difference in the life of a girl!***

Donor Name _____ Date _____ 501
Address _____ Date _____
Pay to _____ \$ _____
_____ Dollars
Financial Institution _____
Memo _____

VOID